



DATE: June 24, 2002

TO: Governor Scott McCallum

FROM: Sarah J. Pratt, MD
President, Medical Society of Milwaukee County

RE: Wisconsin "Best Practices": Governor's Listening Session, June 24, 2002

The Medical Society of Milwaukee County

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Eleanore R. Kirsch, MS

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Thank you for this opportunity to provide testimony regarding healthcare improvement in southeastern Wisconsin. I am a primary care pediatrician, a resident of the city of Milwaukee and President of the Medical Society of Milwaukee County. I speak for myself, but I also speak for physicians and patients like me and for all who are concerned about the future health and welfare of Wisconsin's citizens.

Many changes will undoubtedly occur over the next several years to improve our healthcare system. I will limit my remarks today to two issues, which I believe are timely and important steps toward the goal of improved healthcare in our state.

Patient Safety

The Institute of Medicine (IOM) has identified patient safety as a critical problem in American healthcare. Improving patient safety improves quality of care, and improving quality of care not only saves lives but saves health care dollars as well. In response to the IOM's report, a group of public and private organizations has instituted a program called the Leapfrog Initiative, which is designed to trigger a rapid step forward in patient safety and quality. These suggestions of the Leapfrog Group (www.leapfroggroup.org) are quantifiable, measurable and doable, though in our current environment may take some time to accomplish:

Computer Physician Order Entry (CPOE)

- More than one million serious medication errors occur every year in U.S. hospitals, costing \$2 billion yearly in hospital costs alone. These errors occur for many reasons, including illegible handwriting, decimal point errors, and overlooked drug interactions or allergies. Computerized order entry intercepts these errors where they most commonly occur – at the time of medication order. Barriers include the significant costs of implementation and the resistance of older physicians to ordering via computer. The potential benefit however, both in lives and dollars saved, makes such implementation a necessity.

- **Evidence-Based Hospital Referral (EHR)**

For some high-risk procedures, the hospital where the surgery is performed has a significant impact on the associated morbidity and mortality. Likewise the hospital of birth of premature infants can influence their survival. Successful outcomes reflect not only the numbers of procedures performed or babies born, but also the systems in place to support all aspects of care. With the advice of national experts in quality improvement, The Leapfrog Group has adopted Safety Standards against which hospital performance can be measured.

- **ICU Physician Staffing (ICU)**

Mortality rates are significantly lower in hospitals with intensive care units (ICU's) managed exclusively by board-certified intensivists. Researchers estimate that 50,000 lives could be saved each year if such a model were used in metropolitan areas alone across the U.S. In addition, lengths of stay can be decreased and unnecessary ICU admissions can be reduced, saving health care dollars. Only 10% of hospitals currently meet this Leapfrog standard, but efforts to move toward the goal should begin.

Inner City Healthcare Improvement

The problem of healthcare in the inner city is multi-faceted and not one that can be solved by the healthcare system alone. Addressing it, however, is both a moral and practical imperative. Data generated by the Health Policy Institute at the Medical College of Wisconsin has shown that patients living in the inner city with such ambulatory care-sensitive diseases as diabetes, asthma, chronic obstructive pulmonary disease (COPD) and congestive heart failure are admitted to the hospital five to seven times more frequently than their suburban counterparts. Entitlement program (T-19, T-18, etc.) reimbursement for this unnecessary care is often insufficient, shifting costs to the private sector. In addition, inner city perinatal morbidity and mortality are unacceptably high, driving up initial costs unnecessarily and triggering an ongoing cycle of medical, educational and social expense. A collaborative effort among economists, social service experts, medical providers, volunteers and others is needed to address these issues.

Solving the problem of healthcare and its costs will require the continuing effort of all of the best minds in Wisconsin. There is no easy answer, and the solution cannot be carved out to any single social, educational, professional or industry segment. I look forward to continuing our work together.

For further information please contact: Sarah J. Pratt, MD at spratt@ah.com or Eleanore Kirsch, Executive Vice President, at the Medical Society of Milwaukee County, telephone 414/475-4750 or email at eleanore@district-1.org.